2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# L05000115623

Entity Name: LCT DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

1516 EAST HILLCREST STREET
SUITE 200
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

1516 EAST HILLCREST STREET
SUITE 200
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ-PALMER, JUAN S
1516 EAST HILLCREST STREET
SUITE 200
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LOPEZ-PALMER, JUAN S
Address: 525 SADDLEWOOD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete
Name: COLE, BRADLEY A
Address: 114 AVERY LAKE DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete
Name: TATRO, DON W
Address: 1106 SHADOWBROOK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JUAN LOPEZ PALMER MGRM 04/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date